

In re Application of: John O'Connor and Steven Birken

Serial No. 09/311,428

Examiner: Lisa V. Cook

Filed: May 13, 1999

Group Art Unit: 1641

For: METHODS FOR PREDICTING PREGNANCY OUTCOME IN A SUBJECT BY HCG ASSAY

HONORABLE ASSISTANT COMMISSIONER FOR PATENTS
Washington, D.C. 20231

March 19, 2003

S I R:

Transmitted herewith is an amendment to the above-identified application.

☒ Small entity status of this application under 37 C.F.R. §1.9 and §1.27 has been established by a verified statement previously submitted.

☐ A verified statement to establish small entity status under 37 C.F.R. §1.9 and §1.27 is enclosed.

☒ No additional fee is required.

The filing fee is calculated as follows:

| | NUMBER AFTER AMEND- MENT | | HIGHEST NUMBER PREVIOUSLY PAID FOR | | NUMBER OF EXTRA CLAIMS PRESENTED | | RATE FEE | | | | |
|--|-----------------------------------|---|---|---|---|---|-----------------------------|-----------------|---|-----------------|-----------------|
| | | | | | | | SMALL ENTITY | OTHER ENTITY | | SMALL ENTITY | OTHER ENTITY |
| Total Claims | 15 | - | * 40 | = | 0 | X | \$9 | \$18 | = | \$0 | 0 |
| Indepen- dent Claims | 2 | - | ** 4 | = | 0 | X | \$42 | \$84 | = | 0 | 0 |
| Multiple Dependent Claim(s) Presented <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No For First Time | | | | | | | \$140 | \$280 | 0 | \$140 | 0 |
| | | | | | | | TOTAL ADDITIONAL FEE \$0 | | | | |

*If the "HIGHEST NUMBER PREVIOUSLY PAID FOR" is less than 20, write "20" in this space.

**If the "HIGHEST NUMBER PREVIOUSLY PAID FOR" is less than 3, write "3" in this space.

**If the difference between the "NUMBER AFTER AMENDMENT" and the "HIGHEST NUMBER PREVIOUSLY PAID FOR" is less than "0", write "0" in the space.

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Amendment Transmittal Letter

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The "HIGHEST NUMBER PREVIOUSLY PAID FOR" (Total or Independent) is the highest of the "NUMBER AFTER AMENDMENT" in any prior amendment or the number of claims as originally filed.

____ Please charge Deposit Account No. _____
in the amount of \$_____.

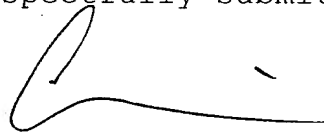
X A check in the amount of \$ 235.00 is enclosed.

X The Commissioner is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. 03-3125. Three copies of this sheet are enclosed.

X Any filing fees under 37 C.F.R. \$1.16 for the presentation of extra claims.

X Any patent application processing fees under 37 C.F.R. \$1.17.

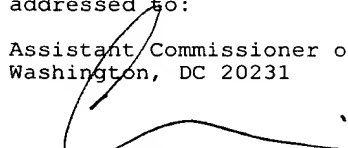
Respectfully submitted,



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I hereby certify that this correspondence is being deposited this date with the U.S. Postal Service with sufficient postage as first class mail in an envelope addressed to:

Assistant Commissioner of Patents
Washington, DC 20231


Alan J. Morrison
Reg. No. 37,399

3/18/03
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